

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ C C00528307	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee HSP DIRECT [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300			Amount 2087.24		
City ASHBURN	State VA	Zip Code 20147	Transaction ID : SE.S001		
Purpose of Expenditure 9/11/14 DIRECT MAIL		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Joni Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		4920.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee CMDI [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount 231.50		
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SE.S002		
Purpose of Expenditure 10/7/14 EMAIL COMMUNICATION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Joni Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		4920.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

[Electronically Filed]

Date

MM / DD / YYYY
10 / 17 / 2014

Signature